

# FACTSHEET

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## Tube feeding- Trans-gastric Jejunal feeding device

### What is a trans-gastric jejunal device?

A trans-gastric jejunal device is a special button / tube with two connection ports:

- one port leading into the stomach (*gastric*) on the side of the button marked "Gastric" and
- one port leading into the small intestine (*jejunum*) on the top of the button marked "Jejunal".
- Some devices may also have a balloon inflation port. Marked "ball".

The trans-gastric jejunal device is inserted through the same opening in the skin (stoma) where the gastrostomy button was placed. It may also be known as a gastro-jejunoscopy or G-J tube.

### Who needs a trans-gastric device?

Children who continuously vomit their gastrostomy formula or have severe reflux are at risk of inhaling the formula (aspiration). These children may benefit from a trans-gastric jejunal device. The tube may be temporary or permanent.

### How is the trans-gastric device inserted?

The trans-gastric jejunal device needs to be inserted at the hospital in the radiology department using the existing gastrostomy site.

A doctor will use x-ray and a wire to guide the trans-gastric jejunal device into place. The wire is then removed.

### How do I use the device?

Formula will be given to your child through their trans-gastric jejunal device slowly using a pump, usually over 16 - 24 hours each day. Your dietician will discuss the feeding plan with you. Bolus feeding is not an option as it will likely cause diarrhoea and make the child feel sweaty, faint and unwell.

Unlike a normal gastrostomy device, a trans-gastric jejunal device is never rotated (turned). Turning the device will cause the tube to come out of position. The trans-gastric jejunal device will need to be flushed with at least 10mL of water at least every 4 hours to reduce the risk of a blockage occurring.

If the tube becomes blocked, and is unable to be flushed, it will need to be removed and replaced at the hospital.

### Call your doctor or clinical nurse consultant if:

- Your child starts to vomit the formula.
- The trans-gastric jejunal device is accidentally turned.
- You think the button has been pulled out or if it comes out of place.
- Your child experiences other symptoms such as pain, discomfort, gagging, leaking or the stomach becoming swollen.

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**Remember:**

A trans-gastric jejunal device looks very similar to a normal gastrostomy however:

- Formula is given into the jejunal port (on the top of the button) marked "Jejunal". Formula will need to be given by a pump over a long period of time (usually over 16 – 24 hours each day).
- It should NOT be rotated (turned).
- If the tube is accidentally turned or you think it is no longer in the right place, contact your doctor or clinical nurse consultant.